



PTO/SB/21 (01-08)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                        |
|------------------------|------------------------|
| Application Number     | 10/771,742-Conf. #6191 |
| Filing Date            | February 4, 2004       |
| First Named Inventor   | Anthony Arthur J. Alda |
| Art Unit               | 2145                   |
| Examiner Name          | P. L. Winder           |
| Attorney Docket Number | 607892(50660)          |

### ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Remarks  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                   |          |        |
|--------------|-----------------------------------|----------|--------|
| Firm Name    | EDWARDS ANGELL PALMER & DODGE LLP |          |        |
| Signature    |                                   |          |        |
| Printed name | George N. Chaclas                 |          |        |
| Date         | June 27, 2008                     | Reg. No. | 46,608 |



| AMENDMENT TRANSMITTAL LETTER   |                                  |                                |                             | Docket No.<br>60789-2(50660) |
|--|----------------------------------|--------------------------------|-----------------------------|------------------------------|
| Application No.<br>10/771,742-Conf. #6191  | Filing Date<br>February 4, 2004  | Examiner<br>P. L. WINDER       | Art Unit<br>2145            |                              |
| Applicant(s): Anthony Arthur J. Alda   |                                  |                                |                             |                              |
| Invention: METHOD AND APPARATUS FOR CONVERTING OBJECTS BETWEEN WEAKLY AND STRONGLY TYPED PROGRAMMING FRAMEWORKS  |                                  |                                |                             |                              |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                |                             |                              |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                |                             |                              |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                |                             |                              |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                |                             |                              |
|  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate                         |
| Total Claims   | 32                               | - 82 =                         |                             | x                            |
| Independent Claims   | 2                                | - 10 =                         |                             | x                            |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                |                             |                              |
| Other fee (please specify): Extension for response within third month  |                                  |                                |                             | 525.00                       |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>  |                                  |                                |                             | 525.00                       |
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| <input type="checkbox"/> No additional fee is required for this amendment.   |                                  |                                |                             |                              |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 525.00. A duplicate copy of this sheet is enclosed.                                  |                                  |                                |                             |                              |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                |                             |                              |
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| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                |                             |                              |
| <u>George Chacras</u>  |                                  |                                | Dated: June 27, 2008        |                              |
| George N. Chacras<br>Attorney/Agent Reg. No.: 46,608   |                                  |                                |                             |                              |
| EDWARDS ANGELL PALMER & DODGE LLP<br>P.O. Box 55874<br>Boston, Massachusetts 02205<br>(401) 276-6653   |                                  |                                |                             |                              |



Application No. (if known): 10/771,742

Attorney Docket No.: 60789-2(50660)

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